

**City of Winchester, Virginia**  
**OFFICE OF COMMISSIONER OF THE REVENUE**  
**SUITE 204, ROUSS CITY HALL - 15 NORTH CAMERON STREET**

**APPLICATION FOR REAL ESTATE TAX EXEMPTION FOR ELDERLY OR  
PERMANENTLY/TOTALLY DISABLED HOMEOWNERS**

**FILING DEADLINE: APRIL 1st**    **DO YOU FILE A VIRGINIA INCOME TAX RETURN?**    YES    NO

(If label is attached, please correct any errors.)

\*\* FOR ASSISTANCE, PHONE 667-1815, EXT. 1430 \*\*

Applicant: \_\_\_\_\_  
(Property Owner)                      Last Name                      First Name                      Middle Name

Address: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
                    Number                      Street

Address: \_\_\_\_\_  
                    City                      State                      ZIP

Applicant: Birth Date \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
                    Month / Day / Year                      -                      -

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
                    Last Name                      First Name                      Middle                      Month/ Day / Year                      -                      -

[NOTE: IF "NONE" OR "DECEASED"]

If under age 65, certification of disability **MUST** be attached to this application. Please check the type of disability certification:    ☐ Social Security  
                    ☐ Veterans Administration    ☐ Railroad Retirement Board    ☐ Affidavit of **two** doctors.

Name under which property is listed on Real Estate Tax Bill, if different from Applicant's name:

Applicant is ☐ Sole Owner ☐ Partial Owner of dwelling. (Check one) If partial owner, explain how ownership is legally held:

Please complete the following GROSS INCOME statement **for the past calendar year**. Included in the statement should be the total gross income from all sources for the applicant, spouse, and any relative living in the dwelling.

<b>GROSS INCOME</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Relatives living in dwelling</b>
Salaries, Wages, Etc.			
Social Security			
Pensions			
Rental Income			
Interest and Dividends			
Social Services (Welfare)			
Capital Gains			
Alimony and Child Support			
Any Other Income			
LESS Exemption for Relatives	xxxxxxxxxx	xxxxxxxxxx	(Each relative) - <b>6,500</b>
TOTAL			

Total Combined Gross Income of Applicant, Spouse and Relatives living in dwelling : \$ \_\_\_\_\_.

List the name, relationship, age and social security number of each person related to the applicant who lives in the same dwelling, and include their income in the GROSS INCOME table above.

<b>NAME</b>	<b>Relation</b>	<b>Age</b>	<b>Social Security Number</b>

(Please complete other side of this form)

Please complete the following statement of net financial worth **at end of past calendar year**. Net financial worth is computed by listing all assets (not including value of residence with up to one acre of land) owned by applicant and spouse, and subtracting all liabilities.

VALUE OF ASSETS	Applicant	Spouse
Automobiles		
Cash - on hand and in banks		
Stock and bonds		
Real estate other than dwelling		
Other personal property ( <b>NOT household</b> )		
Cash value of life insurance/annuities		
Amounts owed to you		
Other assets		
<b>TOTAL ASSETS</b>		

**Note: If Total Assets are under \$200,000, SKIP Value of Liabilities section**

#### VALUE OF LIABILITIES

Accounts payable (medical, etc.)		
Mortgage		
Taxes due - Federal		
Taxes due - State and Other		
Other debts		
<b>TOTAL LIABILITIES</b>		

Total Combined Net Financial Worth of Applicant and Spouse: \$\_\_\_\_\_.

(Add all Assets, then subtract all Liabilities)

#### AFFIDAVIT

I declare under the penalties provided by law that the information contained in this application for Real Estate Tax Relief for the Elderly or Disabled, including any accompanying schedules or statements, is to the best of my knowledge and belief true, correct and complete.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Signature of Spouse \_\_\_\_\_

**-- OFFICE USE ONLY 2008 --**

Tax Acct No. \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Total Income \$ \_\_\_\_\_ Total Net Worth \$ \_\_\_\_\_

\_\_\_ APPROVED for \_\_\_ % Exemption by \_\_\_\_\_ on \_\_\_\_\_.

Official

Date

\_\_\_ DISAPPROVED by \_\_\_\_\_ on \_\_\_\_\_.

Official

Date

Reason for disapproval: \_\_\_\_\_

Value \$ \_\_\_\_\_ X Tax Rate \_\_\_\_\_ X % Approved \_\_\_\_\_ = **TOTAL DEDUCTION \$** \_\_\_\_\_